

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
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12						
13						
14						
15						
16						
17						
18						
19	1					
20		1				
21		2				
22	1					
23		1				
24		1				
25		1				
26		1				
27	1					
28		1				
29		1				
30	1					
31		1				
32		2				
33		2				
34		1				
35		1				
36	1					
37		1				
38		2				
39		1				
40		1				
41		1				
42		1				
43	1					
44		1				
45		1				
46		1				
47	1					
48		1				
49		1				
50		3				
TOTAL IND.	7					
TOTAL DEP.		13				
TOTAL CLAIMS	7	13				

	IND	DEP	IND	DEP	IND	DEP
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99						
100						
TOTAL IND.	7					
TOTAL DEP.		34				
TOTAL CLAIMS	7	34				